



MITCHELL E. DANIELS, Jr., Governor

STATE OF INDIANA

State Form 52464 (12-05)

DEPARTMENT OF HOMELAND SECURITY

J. ERIC DIETZ, EXECUTIVE DIRECTOR

Indiana Department of Homeland Security
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980

FIRST RESPONDER APPLICATION FOR RECIPROCITY

Applicant's Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone # (Day) _____ *I.D.# _____ Birth Date _____

*** Please provide either your Driver's License Number or State Identification Number.**

Applicant must have completed, as a minimum, the U.S. Department of Transportation's First Responder Training Course for First Responder to qualify for reciprocity in Indiana:

1. Are you at least 18 years of age? Yes _____ No _____
2. In what State are you currently certified? _____
3. While serving in the Military of the United States, did you successfully complete a course of training equivalent to the Indiana First Responder training course?

4. Please attach a copy of any and all evidence that you have completed an approved U.S. Department of Transportation's First Responder Training Course for First Responders. Also include copies of your State or National Registry Certification.

Have you ever been charged or convicted of a crime other than minor traffic violations? ☐ Yes ☐ No

I understand that if I am approved for reciprocity by the State of Indiana I will be required to successfully complete the First Responder Practical and Written Examinations prior to submitting an application for certification.

Applicant's Signature _____ Date _____

Please return this form to:

Certification Supervisor, Indiana Department of Homeland Security
302 West Washington, Room E239, Indianapolis, IN 46204
Questions? Please call us at 1-800-666-7784